

THIS IS A COMPLETE LIST OF AHCCCS PROVIDER TYPES. THE LIST IDENTIFIES THE FOLLOWING REGISTRATION REQUIREMENTS: NPI, RISK LEVEL, ENROLLMENT FEE, SITE VISIT AND REGULATORY AGENCY. FOR ADDITIONAL INFORMATION REGARDING PROVIDER TYPES CONTACT PROVIDER ENROLLMENT AT (602) 417-7670 OPTION 5

| PROVIDER TYPE NAME | PROVIDER TYPE | NPI Number Required (Yes/No) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|--|------------------|---------------------------------------|--|--|-------------------------------------|--|
| COMMUNITY SERVICE AGENCY | A3 | Y | M | Y | Y | Arizona Health Care Cost Containment System AMPM Chapter 900 Policy 961-C www.azahcccs.gov |
| LICENSED INDEPENDENT SUBSTANCE ABUSE COUNSELOR (LISAC) | A4 | Y | L | N | N | Arizona Board of Behavioral Health Examiners www.azbbhe.us |
| BEHAVIORAL HEALTH THERAPEUTIC HOME | A5 | Y | L | N | N | Child services: Arizona Department of Child Safety www.dcs.az.gov Adult services: Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |

610, Attachment A - 1 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|--|------------------|---------------------------------------|--|--|-------------------------------------|--|
| RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY | A6 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| IHR Individual Home Respite | A8 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| RESIDENTIAL TREATMENT CTR- SECURE (17+BEDS)(IMD) | B1 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |

610, Attachment A - 2 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|--|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| RESIDENTIAL TREATMENT CENTER NON-SECURE (1-16 BEDS) | B2 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| RESIDENTIAL TREATMENT CTR- NON-SECURE (17+BEDS)(IMD) | В3 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| SUBACUTE FACILITY (1-16 BEDS) | B5 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |

610, Attachment A - 3 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|---|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| SUBACUTE FACILITY (17+BEDS)(IMD) | В6 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| Crisis Services Provider | В7 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF) | В8 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |

610, Attachment A - 4 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|--|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| BOARD CERTIFIED BEHAVIOR ANALYSTS (BCBA) | ВС | Y | L | N | N | Arizona Board of Psychologist Examiners https://psychboard.az.gov |
| FEDERALLY QUALIFIED HEALTH CENTER (FQHC) | C2 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Proof of FQHC Designation |
| SPECIALTY PER DIEM HOSPITAL | C4 | Y | L | N | N | N/A |

610, Attachment A - 5 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|--|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| 638 Federally Qualified Health Center (FQHC) | C5 | Y | L | Y | N | Refer to Arizona Health Care Cost Containment – Provider Enrollment |
| INDEPENDENT TESTING FACILITIES | E1 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Accredited by the American Academy of Sleep Medicine (AASM) http://www.aasmnet.org/Additional registration options are included on the Provider Type Profile E1 www.azahcccs.gov/PlansProviders |

610, Attachment A - 6 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|--|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| FREE STANDING EMERGENCY DEPARTMENT | ED | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov & Medicare Certification www.cms.gov (Survey & Certification —Certification & Compliance) |
| FISCAL INTERMEDIARIES | F1 | N | | Y | N | N/A Provider type is intended for AHCCCS' internal use only. Applications are subject to review and approval. |
| ONE TIME ONLY OUT OF STATE HOSPITAL | Н2 | N | L | N | N | Department of Health Services & Medicare Certification License must be issued by the State, where the Hospital is located. Cities and states, that border Arizona, may be excluded from this provider types. |

610, Attachment A - 7 of 25

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|---|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| Integrated Clinic | IC | Y | М | Y | Y | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| NEMT-Non- AMBULANCE AIR | NA | N | L | N | N | FEDERAL AVIATION ADMINISTRATION CERTIFICATE(S) 133 & 135 |
| NEMT-EQUINE | NE | N | L | N | N | Refer to Arizona Health Care Cost Containment – Provider Enrollment |
| NEMT-TNC TRANSPORTATION COMPANY NETWORK | NT | N | М | Y | Y | Arizona Department of Transportation Permit (A.R.S. §28- 9552) |

610, Attachment A - 8 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|-------------------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| SPEECH LANGUAGE PATHOLOGY ASSISTANT | SA | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov |
| TREAT & REFER | TR | Y | M | Y | Y | Arizona Department of Health Services www.azdhs.gov |
| TRAVEL SERVICES | TS | N | L | N | N | AHCCCS Vendor Contract Required |
| GROUP PAYMENT ID | 01 | Y | L | N | N | N/A |
| HOSPITAL | 02 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Medicare Certification www.cms.gov (Survey & Certification –Certification & Compliance) |

610, Attachment A - 9 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20

Approval Dates: 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 06/17, 05/30/19,

05/04/20



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|-----------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| PHARMACY | 03 | Y | L | Y | N | Arizona Board of Pharmacy www.Pharmacy.az.gov & Drug Enforcement Administration Registration www.deadiversion.usdoj.gov |
| LABORATORY | 04 | Y | M | Y | Y | Arizona Department of Health Services www.azdhs.gov Laboratory: Clinical Laboratory Improvement Act (CLIA) www.azdhs.gov Radiology / Medical Imaging: Arizona Radiation Regulatory Agency www.azrra.gov If only non-invasive: Supply list of HCPCS, for review |

610, Attachment A - 10 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|-----------------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| CLINIC | 05 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov |
| EMERGENCY TRANSPORTATION | 06 | Y | М | Y | Y | Certificate of Necessity Arizona Department of Health Services www.azdhs.gov |
| DENTIST | 07 | Y | L | N | N | Arizona Board of Dental Examiners www.Dentalboard.az.gov |
| MD-PHYSICIAN | 08 | Y | L | N | N | Arizona Board of Medical Examiners www.azmd.gov |
| CERTIFIED NURSE- MIDWIFE (CNM) | 09 | Y | L | N | N | Arizona State Board of Nursing www.azbn.gov & Provider Type Profile (09) available at Provider Registration's website www.azahcccs.gov/PlansProviders |
| Podiatrist | 10 | Y | L | N | N | Arizona State Board of Podiatry Examiners https://podiatry.az.gov |

610, Attachment A - 11 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|---|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| PSYCHOLOGIST | 11 | Y | L | N | N | Arizona Board of Psychologist Examiners https://psychboard.az.gov |
| CERTIFIED REGISTERED NURSE- ANESTHETIST | 12 | Y | L | N | N | Arizona State Board of Nursing www.azbn.gov & American Association of Nurse Anesthetists (AANA/NBCRNA) www.aana.com |
| OCCUPATIONAL THERAPIST | 13 | Y | L | N | N | Arizona Board of Occupational Therapy Examiners https://ot.az.gov |
| PHYSICAL THERAPIST | 14 | Y | M | N | Y | Arizona State Board of Physical Therapy https://ptboard.az.gov |
| SPEECH/HEARING THERAPIST | 15 | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov |
| CHIROPRACTOR | 16 | Y | L | N | N | Arizona Board of Chiropractic Examiners https://chiroboard.az.gov |

610, Attachment A - 12 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|----------------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| NATUROPATH PHYSICIAN | 17 | Y | L | N | N | Arizona Board of Naturopathic Physicians Examiners https://nd.az.gov |
| PHYSICIAN'S ASSISTANT | 18 | Y | L | N | N | Arizona Regulatory Board of Physician Assistants www.azpa.gov If Behavioral Health Medical Practitioner: Provider Type Profile (18) available at Provider Registration's website www.azahcccs.gov/PlansProviders |
| REGISTERED NURSE PRACTITIONER | 19 | Y | L | N | N | Arizona State Board of Nursing (Both RN & NP license types are required) www.azbn.gov |
| RESPIRATORY THERAPIST | 20 | Y | L | N | N | Arizona State Board of Respiratory Care Examiners https://respiratoryboard.az.gov |

610, Attachment A - 13 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|---------------------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| Nursing Home | 22 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Medicare Certification www.cms.gov (Survey & Certification –Certification & Compliance) |
| HOME HEALTH AGENCY | 23 | Y | Н | N | N | Arizona Department of Health Services www.azdhs.gov & Medicare Certification www.cms.gov (Survey & Certification – Certification & Compliance) |
| GROUP HOME (DEVELOPMENTALLY DISABLED) | 25 | N | L | N | N | Arizona Department of Economic Security www.des.az.gov |

610, Attachment A - 14 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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|---|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| Adult Day Health | 27 | N | L | Y | N | Arizona Department of Health Services www.azdhs.gov |
| Non-Emergency Transportation Provider | 28 | N | M | Y | Y | Refer to AHCCCS Provider Enrollment |
| COMMUNITY/ RURAL HEALTH CENTER (RQHC) | 29 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Proof of RHC Designation |
| MEDICAL EQUIPMENT AND SUPPLIES SUPPLIER | 30 | Y | Н | Y | Y | N/A |
| DO-PHYSICIAN OSTEOPATH | 31 | Y | L | N | N | Arizona Board of Osteopathic Examiners www.azdo.gov |

610, Attachment A - 15 of 25

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|-------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| MEDICAL FOODS | 32 | N | L | Y | N | AHCCCS Provider Enrollment |
| Hospice | 35 | Y | М | Y | Y | Arizona Department of Health Services www.azdhs.gov & Medicare Certification www.cms.gov (Survey & Certification – Certification & Compliance) |
| ASSISTED LIVING HOME | 36 | N | L | Y | N | Arizona Department of Health Services www.azdhs.gov |

610, Attachment A - 16 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| PROVIDER TYPE NAME | PROVIDER TYPE | NPI NUMBER REQUIRED (YES/NO) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|---------------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| HOMEMAKER | 37 | N | L | N | N | Individual: CPR & First Aid Certification AHCCCS Provider Enrollment |
| HABILITATION PROVIDER | 39 | N | L | N | N | Arizona Department of Economic Security www.des.az.gov |
| ATTENDANT CARE (COMPANIES ONLY) | 40 | N | LM | Y | N | AHCCCS Provider Enrollment |

610, Attachment A - 17 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| Provider Type Name | PROVIDER TYPE | NPI NUMBER REQUIRED (YES/NO) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|-------------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| DIALYSIS CLINIC | 41 | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov & Medicare Certification www.cms.gov (Survey & Certification – Certification & Compliance) |
| AMBULATORY SURGICAL CENTER | 43 | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov & Medicare Certification www.cms.gov (Survey & Certification – Certification & Compliance) |
| ENVIRONMENTAL (LTC) | 44 | N | L | Y | N | Arizona Registrar of Contractors www.azroc.gov |

610, Attachment A - 18 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| PROVIDER TYPE NAME | PROVIDER TYPE | NPI NUMBER REQUIRED (YES/NO) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|-------------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| INDEPENDENT RN | 46 | Y | L | N | N | Letter of Intent from Health Plan & Arizona State Board of Nursing www.azbn.gov |
| REGISTERED DIETICIAN (RD) | 47 | N | L | N | N | Commission on Dietetic Registration https://cdrnet.org |
| NUTRITIONIST | 48 | N | L | N | N | AHCCCS Provider Enrollment |
| Assisted Living Center | 49 | N | L | Y | N | Arizona Department of Health Services www.azdhs.gov |
| Adult Foster Care | 50 | N | L | N | N | Arizona Department of Health Services www.azdhs.gov |
| AFFILIATED PRACTICE HYGIENIST | 54 | Y | L | N | N | Arizona Board of Dental Examiners www.Dentalboard.az.gov & Provider Type Profile (54) available at Provider Registration's website www.azahcccs.gov/PlansProviders |

610, Attachment A - 19 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| PROVIDER TYPE NAME | PROVIDER TYPE | NPI NUMBER REQUIRED (YES/NO) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|-------------------------|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| HOTELS | 55 | N | L | Y | N | AHCCCS Provider Enrollment |
| BOARDING HOME | 56 | N | L | Y | N | AHCCCS Provider Enrollment |
| Audiologist | 62 | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov |
| PERFUSIONIST | 67 | Y | L | N | N | American Board of Cardiovascular Perfusion http://www.abcp.org/index.html |
| Номеоратніс | 68 | Y | L | N | N | Arizona Board of Homeopathic Examiners www.azhomeopathbd.az.gov |
| OPTOMETRIST | 69 | Y | L | N | N | Arizona State Board of Optometry https://optometry.az.gov |
| Home Delivered Meals | 70 | N | L | Y | N | County Health Services or Arizona Department of Health Services www.azdhs.gov |

610, Attachment A - 20 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| PROVIDER TYPE NAME | PROVIDER TYPE | NPI Number Required (Yes/No) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|---|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| PSYCHIATRIC HOSPITAL | 71 | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) & Medicare Certification www.cms.gov (Survey & Certification – Certification & Compliance) |
| OUT OF STATE – 1 TIME WAIVER OF REGISTRATION REQUIREMENTS | 73 | N | L | N | N | Professional or Med-Level Practitioner: State License and/or Certification Entity: State license and/or Certification & Medicare Certification |

610, Attachment A - 21 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| PROVIDER TYPE NAME | PROVIDER TYPE | NPI Number Required (Yes/No) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|--|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| BEHAVIORAL OUTPATIENT CLINIC | 77 | Y | М | Y | Y | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| MENTAL HEALTH RESIDENTIAL TREATMENT CENTER | 78 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Behavioral Health Provider Certification and Transmittal (BH C&T) |
| VISION CENTER | 79 | Y | L | Y | N | Arizona State Board of Dispensing Opticians https://do.az.gov/ |
| EPD HCBS | 81 | N | L | Y | N | AHCCCS Provider Enrollment |

610, Attachment A - 22 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| Provider Type Name | PROVIDER TYPE | NPI Number Required (Yes/No) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|--|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| SURGICAL FIRST ASSISTANT | 82 | Y | L | N | N | AHCCCS Provider Enrollment |
| FREE-STANDING BIRTHING CENTER | 83 | Y | L | Y | N | Arizona Department of Health Services www.azdhs.gov & Commission for the Accreditation of Freestanding Birth Centers www.birthcenteraccreditation .org |
| LICENSED MIDWIFE | 84 | Y | L | N | N | Arizona Department of Health Services www.azdhs.gov |
| LICENSED CLINICAL SOCIAL WORKER (LCSW) | 85 | Y | L | N | N | Arizona Board of Behavioral Health Examiners www.azbbhe.us |
| LICENSED MARRIAGE & FAMILY THERAPIST | 86 | Y | L | N | N | Arizona Board of Behavioral Health Examiners www.azbbhe.us |

610, Attachment A - 23 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20



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| PROVIDER TYPE NAME | PROVIDER TYPE | NPI Number Required (Yes/No) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|---|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| LICENSED PROFESSIONAL COUNSELOR (LPC) | 87 | Y | L | N | N | Arizona Board of Behavioral Health Examiners www.azbbhe.us |
| QUALIFIED MEDICARE BENEFICIARY (QMB)ONLY PROVIDER | 90 | N | L | N | N | N/A Provider Type is intended for AHCCCS' internal use only. |
| SCHOOL BASED BUS TRANSPORTATION | 92 | N | L | Y | N | AHCCCS Provider Enrollment |
| SCHOOL BASED ATTENDANT CARE | 93 | N | L | N | N | CRP and First Aid Certification (online training is not valid for registration) Refer to the AHCCCS AMPM, Chapter 700, for details regarding certification standards. |
| SCHOOL BASED NURSE (RN/LP) | 94 | Y | L | N | N | Arizona State Board of Nursing www.azbn.gov |

610, Attachment A - 24 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20





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| PROVIDER TYPE NAME | PROVIDER TYPE | NPI Number Required (Yes/No) | ACA SCREENING RISK LEVEL (LIMITED, MODERATE, HIGH) | ENROLLMENT FEE COLLECTED (YES/NO) | SITE VISIT PERFORMED (YES/NO) | REGULATORY AGENCY |
|---|------------------|---------------------------------------|--|-----------------------------------|-------------------------------------|--|
| NON-MEDICARE CERTIFIED HOME HEALTH AGENCY | 95 | Y | Н | Y | Y | Arizona Department of Health Services www.azdhs.gov |
| AIR TRANSPORTATION | 97 | Y | L | Y | N | Arizona Department of Health Services/ Bureau of Emergency Medical Services and Trauma System www.azdhs.gov |

610, Attachment A - 25 of 25

Effective Dates: 10/94, 11/01, 04/04, 07/04, 08/04, 09/04, 05/05, 04/07, 06/07, 02/08, 04/08, 02/10, 07/11, 09/11, 03/12, 04/13, 10/14, 06/16, 10/16, 7/12/17, 07/17, 10/01/18, 05/20/20